EXHIBIT E

Transcribed Trial Testimony of David Cahn that was video recorded and played for the Jury

DavidCahn-editedfortrial

Designation List Report

Cahn, David **2025-06-25**

Our Designations	00:43:49
TOTAL RUN TIME	**00:43:49**

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
6:15 - 6:18	**Cahn, David 2025-06-25**	00:00:06	**DavidCahn-editedfortrial.9**
	6:15 Do you solemnly swear to tell the truth, the		
	6:16 whole truth, and nothing but the truth, so help you, God, or		
	6:17 you so affirm.		
	6:18 THE WITNESS: I do.		
7:01 - 11:19	**Cahn, David 2025-06-25**	00:06:15	**DavidCahn-editedfortrial.10**
	7:01 Q. Good afternoon, Doctor. Thank you for joining us		
	7:02 today.		
	7:03 Could we begin by, let's begin by having you		
	7:04 introduce yourself to the jury.		
	7:05 A. So my name is Dr. David Cahn. I am a board certified		
	7:06 urologist. I'm licensed by the State of Pennsylvania. I		
	7:07 practice both general urology and subspecialize in urologic		
	7:08 oncology.		
	7:09 Q. Could you explain to us what the field of urology		
	7:10 entails and what a urologist does?		
	7:11 A. The field of urology studies and cares for both		
	7:12 urinary and sexual health of both male and female patients.		
	7:13 Q. As you sit here today, do you have information about		
	7:14 the injuries suffered by Officer Jacques Desrosiers on		
	7:15 October 10th, 2019?		
	7:16 A. Yes, I do.		
	7:17 Q. Did you have the ability to evaluate Officer		
	7:18 Desrosiers to assess his injuries and his prognosis?		
	7:19 A. Yes.		
	7:20 Q. And do you have opinions about the cause of his		
	7:21 injury, the extent of his injuries and his prognosis?		
	7:22 A. Yes.		
	7:23 Q. Okay. Before we get into those, let's talk a bit		
	7:24 about your background. I want to talk about your		
	7:25 qualifications.		
	8:01 Could you please tell the jury about your		
	8:02 background qualifications?		
	8:03 A. Absolutely.		
	8:04 So, um, after graduating, uh, from undergraduate		
	8:05 in, uh, Pre-Medical Studies, Medical Anthropology,		
	8:06 Washington University in St. Louis, I then did a master's,		
	8:07 uh, by medical science where I spent a year doing research		
	8:08 at University of Medicine Dentistry of New Jersey, which is		
	8:09 now part of Rutgers.		

DavidCahn-editedfortrial

DESIGNATION	SOURCE		DURATION	ID
	8:10		And then I enrolled in medical school at the	
	8:11		Philadelphia College of Osteopathic Medicine. I graduated	
	8:12		from there in 2012.	
	8:13		I subsequently did a five-year urologic surgery	
	8:14		residency at Einstein Healthcare Network, which is now part	
	8:15		of Jefferson Hospital. That was a Level 1 Trauma Center	
	8:16		where we managed, uh, traumatic injuries both from a surgery	
	8:17		perspective and a urologic perspective very frequently.	
	8:18		After that, I completed a two-year fellowship	
	8:19		at the Fox Chase Cancer Center, subspecializing in urologic	
	8:20		oncology.	
	8:21		Since then, I have been an attending physician,	
	8:22		uh, and surgeon at MidLantic Urology in the suburbs of	
	8:23		Philadelphia where I care for both, uh, malignant and benign	
	8:24		decease.	
	8:25		We cover multiple hospitals but one of which for	
	9:01		the last, uh, six to seven years of my practice has been a	
	9:02		Level 2 Trauma Center. Um, so again, a lot of experience	
	9:03		with urologic trauma and urologic injuries.	
	9:04	Q.	I was going to say since graduating medical school,	
	9:05		it sounded like all of your experience was in the field of	
	9:06		urology. Is that fair?	
	9:07	A.	That's correct.	
	9:08	Q.	Okay. What type of trauma would you see through	
	9:09		your residency and your practice as it relates to urological	
	9:10		injuries?	
	9:11	A.	So urologic injuries are a common component of	
	9:12		abdominal trauma in multi-organ system trauma. So	
	9:13		penetrating trauma with bullet wounds, uh, is something	
	9:14		we saw very common.	
	9:15		Um, so the genitalia, the kidneys, the ureters,	
	9:16		the bladder. We have covered all, all components of, uh,	
	9:17		urologic organs, um, both from penetrating -- again, that	
	9:18		would be more bullet, stab wounds -- and also blood	
	9:19		traumas, uh, car accidents, motor vehicle accidents, airbag	
	9:20		deployment, et cetera, um. And we would continue that.	
	9:21		So that was both as a resident, um, at Einstein	
	9:22		at a Level 1 Trauma Center and also as a attending, um, at	
	9:23		a Level 2 Trauma Center, which was Crozier Medical Center up	
	9:24		until its closure approximately a month or two ago.	
	9:25	Q.	What type of symptoms would you see and would you	

DESIGNATION	SOURCE	DURATION	ID

10:01 treat, um, when somebody comes in with trauma to their
10:02 reproductive organs --
10:03 A. The --
10:04 Q. -- specifically for --
10:05 A. The most common complaint that we see is blood in the
10:06 urine, we call that hematuria, um, but there can be a very
10:07 wide range, wide array of symptoms depending upon which
10:08 urological organ is involved. So anything from skin and
10:09 soft tissue injuries to deeper urologic traumas, uh, we've
10:10 done surgery on kidneys to save them during traumas,
10:11 ureters, bladders, complex repairs and reconstruction.
10:12 Q. In connection to your professional career, you have
10:13 prepared what is called a CV or a resume; correct?
10:14 A. Yes.
10:15 Q. Let me show you what has been remarked as Plaintiffs'
10:16 Exhibit 251 just for your screen.
10:17 * * * (Plaintiffs' Exhibit 251 was received into
10:18 evidence.)
10:19 BY MR. HURD:
10:20 Q. Can you identify what we are looking at here?
10:21 A. That's my CV.
10:22 Q. Okay. And is this the most up-to-date copy?
10:23 A. Yes.
10:24 Q. Were you retained to evaluate Officer Desrosiers for
10:25 his urological injuries?
11:01 A. Yes.
11:02 Q. Have you been paid for your time in reviewing records
11:03 and meeting with him and issuing the report and testifying
11:04 today?
11:05 A. Yes.
11:06 Q. What is your hourly rate in connection to your
11:07 participation?
11:08 A. $600 an hour.
11:09 Q. Okay. And is there a flat fee for depositions or
11:10 testimony?
11:11 A. Yes. It's $5,000.
11:12 Q. In connection to your practice today, do you continue
11:13 to see people with trauma, um, urological trauma?
11:14 A. Yes.
11:15 MR. HURD: Okay. With that, I offer Dr. Cahn as
11:16 an expert in the field of urology.

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	11:17 Any objection?		
	11:18 MS. DEVINE: Can you hear me? I said no		
	11:19 objection.		
13:05 - 14:25	**Cahn, David 2025-06-25**	00:02:29	**DavidCahn-editedfortrial.2**
	13:05 Q. Dr. Cahn, I'm now going to ask you some questions		
	13:06 about things that you reviewed and what you did in		
	13:07 connection to your evaluation of Officer Desrosiers and then		
	13:08 about your opinions. Okay?		
	13:09 A. Yes.		
	13:10 Q. Uh, do you hold and will you state all of your		
	13:11 opinions within a reasonable degree of medical certainty?		
	13:12 A. Yes.		
	13:13 Q. And can you promise not to offer an opinion unless it		
	13:14 is held to a reasonable degree of medical certainty?		
	13:15 A. Yes.		
	13:16 Q. Before testifying today, did you have the chance to		
	13:17 review Officer Desrosiers's medical records?		
	13:18 A. I did.		
	13:19 Q. Can you tell us what you reviewed?		
	13:20 A. So I reviewed, uh, the initial complaint. I		
	13:21 reviewed, um, a few files.		
	13:22 So there was the Massachusetts General Hospital		
	13:23 medical records, um, from October 10th, um, to 12th. Those		
	13:24 charges and payments associated with that.		
	13:25 His subsequent follow-up, uh, through about June		
	14:01 6th.		
	14:02 And then his physical therapy charges, payments,		
	14:03 medical records.		
	14:04 I reviewed his psychologic evaluation, uh, from		
	14:05 Dr. Annunziata, um, as well as the Atrius Health records		
	14:06 from October 19 to 20 -- uh, to 22 as well as the evaluation		
	14:07 by Dr. Romirowsky.		
	14:08 And then there was lab results from Quest from		
	14:09 January 11th, 2024 and January 31st, 2024.		
	14:10 I reviewed all those to write my report. Um,		
	14:11 and then subsequently, um, I have been able to review some,		
	14:12 some older records, um, that were even prior to his injury		
	14:13 over the last week. I've been able to review those records.		
	14:14 Q. And they were records from back in January 2018 and		
	14:15 July 2018 through October 19th?		

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	14:16 A. Correct. 14:17 Q. Okay. Did you rely on these records in connection to 14:18 your assessment of Officer Desrosiers in the formation of 14:19 your opinions without his injury? 14:20 A. All of the records except for the ones prior to the 14:21 injury which I did not have when writing the report. 14:22 Q. Okay. Um, for the opinions that you are going to be 14:23 issuing today, do they incorporate the prior records? 14:24 A. Yes, so my opinions today will incorporate the prior 14:25 records.		
16:02 - 22:11	**Cahn, David 2025-06-25** 16:02 Q. Doctor, based on your review of the records you just 16:03 mentioned, can you tell us what you learned about Officer 16:04 Desrosiers's, um, condition and injury? 16:05 A. So on October 10th, 2019, uh, Officer Desrosiers 16:06 suffered a gunshot wound. That bullet went through the 16:07 penis, went through the scrotum specifically on the right 16:08 side and then lodged into the left leg. 16:09 So he was brought to, uh, Massachusetts General 16:10 Hospital as an emergent trauma; and he underwent both the 16:11 primary and secondary survey in the trauma bay and, uh, 16:12 emergent urologic surgery. 16:13 So he was found to have lacerations to the 16:14 penis, specifically the penial shaft and the glands, and had 16:15 a lot of that skin and soft tissue removed. So we call that 16:16 a degloving injury. 16:17 At that time, he underwent imaging, so he had a 16:18 CT as well as an ultrasound. 16:19 The CT showed that there was active bleeding 16:20 inside the scrotum, and the ultrasound was consistent with 16:21 what we call a testicular rupture. 16:22 And I can explain more what that is, but the 16:23 testicle is covered with a fibrous connective tissue. We 16:24 call that the tunica. And the bullet went right through 16:25 the tunica, so the inside of the testicle, which is the 17:01 seminiferous tubules. Those make and contain the sperm. 17:02 Those were actually falling out because the covering was 17:03 forcibly removed with the bullet. Um, and then, again, it 17:04 traversed into the left leg and lodged there. 17:05 So he was brought to the Operating Room for an	00:09:33	**DavidCahn-editedfortrial.3**

DESIGNATION	SOURCE		DURATION	ID
	17:06		emergent exploration and repair. Uh, the team washed out	
	17:07		that area; um, had to remove, uh, the large hematoma which	
	17:08		is the collection of blood in the testicle; had to stop the	
	17:09		bleeding that was actively going on from the testicle from	
	17:10		the vascular injury; and then remove about two-thirds of the	
	17:11		testicle on that right side.	
	17:12		They were able to salvage a small portion of it.	
	17:13		And then they repaired the soft tissue, um, both in the	
	17:14		scrotum and the penis, the skin, um, both -- you know,	
	17:15		again both in the penis and scrotal areas as well.	
	17:16	Q.	Was there any indication about the depth of the	
	17:17		injury?	
	17:18	A.	Yes. So the most important place to look is the	
	17:19		operative report because in the Operating Room, the patient	
	17:20		is under anesthesia. That is where you can get the best	
	17:21		detail exam.	
	17:22		And in the Operative Report, there was no damage	
	17:23		to the skin, the soft tissue, and the erectile tissues of	
	17:24		the penis.	
	17:25		So the erectile tissues are called the corpora	
	18:01		bodies or the corpora cavernosum. So the bullet went	
	18:02		through that as well.	
	18:03		Again, that also has a fibrous covering just	
	18:04		like the testicle does, and both of those were severely	
	18:05		damaged.	
	18:06	Q.	Let's talk about the corpus cavernosum. What is,	
	18:07		what is that organ or, or part of an organ, and what does it	
	18:08		do anatomically?	
	18:09	A.	So the corpora cavernosum is, you can think of it	
	18:10		like a sponge; and it is a long cylinder in the penis that	
	18:11		fills with blood with appropriate sexual stimulation, the	
	18:12		appropriate vascular and nervous system stimulation.	
	18:13		When it fills with blood, the blood sits within	
	18:14		that fibrous sac and can give a male an erection.	
	18:15	Q.	Would it be helpful if we had an illustration of the	
	18:16		male anatomy, uh, to continue explaining this to the jury?	
	18:17	A.	Yes.	
	18:18		MR. HURD: Okay. Let me show you what has been	
	18:19		premarked as Plaintiffs' Exhibit 252.	
	18:20		* * * (Plaintiffs' Exhibit 252 was received into	
	18:21		evidence.)	

DESIGNATION	SOURCE		DURATION	ID
	18:22	BY: MR. HURD:		
	18:23	Q. Take a look at that and let us know, is this a fair		
	18:24	depiction of the male anatomy?		
	18:25	A. Yes, this is a very accurate depiction of male		
	19:01	anatomy.		
	19:02	Q. Okay. Can you use this to continue explaining the		
	19:03	corpus cavernorosum and, um, how Officer Desrosiers's corpus		
	19:04	cavernorosum was injured and affected?		
	19:05	A. Absolutely.		
	19:06	Um, so if we look at the image on the left side		
	19:07	where the dotted line is, that is approximately where the		
	19:08	bullet entered the penis.		
	19:09	Um, it travelled through the skin, which you can		
	19:10	see, um, the soft tissue, which on the right-sided diagram		
	19:11	you can see, uh, where it's labeled connective tissue.		
	19:12	Um, and then it exited the glands. So the		
	19:13	glands is the bulbus end of the penis.		
	19:14	The corpora cavernorosum as it's diagrammed on		
	19:15	the right again is that potential space that can fill with		
	19:16	blood with stimulation.		
	19:17	So the bullet traversed through that area and		
	19:18	caused damage to the erectile bodies.		
	19:19	Q. And what happens when damage is caused to the		
	19:20	erectile bodies?		
	19:21	A. So the way that a normal erection will work is that		
	19:22	with appropriate stimulation, blood goes through the arteries		
	19:23	and into the penis. It fills the corpora cavernosum on both		
	19:24	sides until the pressure gets high enough that the vein gets		
	19:25	compressed and the blood does not leave the penis. So it		
	20:01	sits in the penis and the male can have an erection.		
	20:02	When there is damage to nerves, the sensorium		
	20:03	may be, may be disrupted.		
	20:04	When there's damage to the vascular structures,		
	20:05	both the inflow or the outflow can be disrupted.		
	20:06	And when there's damage to the corpora bodies,		
	20:07	you can have both leak of blood, you can have scar tissue		
	20:08	formation.		
	20:09	Um, all three of those were damaged in Officer		
	20:10	Desrosiers's case by the bullet.		
	20:11	Q. Before testifying today, even before issuing your		
	20:12	report, did you have the opportunity to meet with Officer		

DESIGNATION	SOURCE		DURATION	ID
	20:13	Desrosiers?		
	20:14	A. I did.		
	20:15	Q. Tell us about that meeting.		
	20:16	A. So we met via a telehealth visit. Um, that was on		
	20:17	January 8th, 2024 initially. Um, at that time, we talked		
	20:18	about the downstream complications and ramifications that he		
	20:19	has had since this traumatic injury.		
	20:20	Um, the largest issues that he has had has been		
	20:21	pain: pain in the penis, pain in the scrotum, pain in the		
	20:22	leg; numbness; erectile dysfunction.		
	20:23	He has also suffered from associated, uh,		
	20:24	psychiatric and psychological issues since this, um, but,		
	20:25	but pain, anxiety, erectile dysfunction, uh, loss of libido,		
	21:01	numbness, um, have all been associated with, uh, downstream		
	21:02	complications from this injury.		
	21:03	Q. Did he explain to you how, if it at all, it affected		
	21:04	his daily life or his relationship with his wife?		
	21:05	A. He did. So he had had some very minor erectile		
	21:06	dysfunction prior to the injury. He had used sildenafil,		
	21:07	which is an oral medication for erections. He was using		
	21:08	60 milligrams, which is a very mild to moderate dose.		
	21:09	Just to put it into context, the highest dose		
	21:10	is 100 milligrams, so it's about 60 percent of the highest		
	21:11	dose, and that was working when he needed it.		
	21:12	Since the injury, medications were not working.		
	21:13	He was unable to obtain an erection. He was having pain		
	21:14	with touching of his penis, his scrotum, and his leg. Um,		
	21:15	that had had a severe impact on his sexual health, his		
	21:16	marriage, and his quality of life.		
	21:17	Q. You mentioned that he had taken sildenafil prior to		
	21:18	this injury, the 60 milligrams. Is there a prevalence of		
	21:19	erectile defunction -- dysfunction among men that increases		
	21:20	as they age?		
	21:21	A. Absolutely. It's very common.		
	21:22	Q. Okay. And was Officer Desrosiers in that bracket, so		
	21:23	to speak, prior to this injury happening?		
	21:24	A. Yes. I would call it well controlled and on the mild		
	21:25	side.		
	22:01	Q. Is ED, erectile dysfunction alone, without the trauma		
	22:02	of being shot in the penis and testicles, something that is		
	22:03	readily treatable?		

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	22:04 A. Very. 22:05 Q. And what is the most common treatment? 22:06 A. Most common treatment will be oral medication: 22:07 Viagra, Cialis. There are second and third line 22:08 medications, if we need them. 22:09 Q. Okay. And based on what you saw, that was working 22:10 for Officer Desrosiers prior to this incident? 22:11 A. Yes.		
23:06 - 28:03	**Cahn, David 2025-06-25**	00:07:07	**DavidCahn-editedfortrial.4**
	23:06 Had this trauma not happened to Officer 23:07 Desrosiers's penis, what, if anything, would you have 23:08 expected the outcome to be in terms of him continuing to use 23:09 sildenafil? 23:10 MS. DEVINE: And I would object on undisclosed 23:11 opinions but not on the phrasing of the question. 23:12 MR. HURD: Go ahead. You can answer. 23:13 BY THE WITNESS: 23:14 A. I would expect that his erectile dysfunction would 23:15 be well treated, uh, for a long period of time with that 23:16 medication. 23:17 Q. When somebody is treating erectile dysfunction with a 23:18 medication like sildenafil and then suffers a trauma, what, 23:19 if anything, could, um, impede the sildenafil from 23:20 continuing to work? 23:21 A. Well, there's many, there's many things because, you 23:22 know, as everybody has seen on, uh, seen on advertisements, 23:23 sildenafil is supposed to work or tadalafil or any of 23:24 these medications are supposed to work with appropriate 23:25 stimulation, appropriate sexual stimulation. 24:01 So you need nerves that work; right? So in 24:02 Mr. Desrosiers's case, um, with both nerve dysfunction, 24:03 neuropathy, numbness, pain, that's going to inhibit 24:04 sildenafil from working. 24:05 Second is that when you take, uh, sildenafil, it 24:06 works via the nitric oxide pathway and causes some openings, 24:07 some dilation we call it, of the blood vessels; and if the 24:08 blood vessels are damaged, that's not going to work. 24:09 Additionally, when you have a bullet to the 24:10 corpora, you'll have fibrosis. Fibrosis means scarring. 24:11 And if that area can't open up and fill with blood, then you		

DESIGNATION	SOURCE		DURATION	ID
	24:12		can't have an erection in that regard either.	
	24:13		So there's multiple reasons from this bullet	
	24:14		injury that his erections won't work even with sildenafil.	
	24:15	Q.	Let's talk about your opinions about Officer	
	24:16		Desrosiers's, um, injury.	
	24:17		What is your opinion?	
	24:18	A.	So my opinion is that the injury to the penis,	
	24:19		specifically the degloving injury, the injury to the corpora	
	24:20		bodies, the glands, the testicular injury, uh, the rupture,	
	24:21		the removal of most of the testicle was caused directly by	
	24:22		the penetrating bullet trauma.	
	24:23		The long term ramifications of that, which are	
	24:24		worsening of some very mild erectile dysfunction, pain,	
	24:25		numbness, associated psychological effects from the trauma,	
	25:01		uh, are going to be longstanding.	
	25:02		The scarring will be permanent.	
	25:03		Um, the erectile dysfunction will likely be	
	25:04		permanent as well.	
	25:05		Um, and I think that from a urologic perspective,	
	25:06		the prognosis of this will be challenging and, and will	
	25:07		require constant care, um, monitoring, really multidisciplinary	
	25:08		care from both pain management, psychiatric or psychology,	
	25:09		urology, um, and potentially endocrinology, orthopedics as	
	25:10		well.	
	25:11	Q.	Would you say you are optimistic or negative about	
	25:12		Officer Desrosiers's, uh, prognosis?	
	25:13	A.	From a urologic perspective, uh, I am, uh,	
	25:14		pessimistic regarding the erectile recovery, um, the long	
	25:15		term pain control in the penis and scrotum.	
	25:16	Q.	Have all the opinions you've just been given to us	
	25:17		been stated to a reasonable degree of medical certainty.	
	25:18	A.	Yes.	
	25:19	Q.	Let me take a step back briefly.	
	25:20		You mentioned seeing Officer Desrosiers through	
	25:21		a telehealth visit. Um, what exactly is a telehealth visit?	
	25:22	A.	So a telehealth visit utilizes both audio and video	
	25:23		to discuss, in my case, urologic needs, urologic issues that	
	25:24		go on with patients.	
	25:25	Q.	Is that the kind of thing that is done by Zoom, you	
	26:01		see each other and talk to each other in realtime?	
	26:02	A.	All the time.	

DESIGNATION	SOURCE	DURATION	ID

26:03 Q. Did you have a subsequent telehealth visit with
26:04 Office Desrosiers?
26:05 A. Yes, I had a second one, uh, on December 13th, 2024.
26:06 Q. Now, naturally with a telehealth visit, you don't
26:07 have the opportunity to physically touch the patient that
26:08 you are examining; right?
26:09 A. Correct.
26:10 Q. In this particular case, with your evaluation of
26:11 Officer Desrosiers, what, if anything, is lost by that?
26:12 A. Nothing.
26:13 Q. Did you actually see Office Desrosiers's, uh, penis
26:14 and scrotum through the technology you were using?
26:15 A. Yes.
26:16 Q. Did you actually see his scarring?
26:17 A. I did.
26:18 Q. Um, describe that scarring for us. Where is it
26:19 located?
26:20 A. So the scarring is primarily located in the penile
26:21 shaft on the right side as well as the glands, and he has
26:22 got some scarring in the scrotum as well.
26:23 The glands, which we looked at on the picture
26:24 before, looks asymmetric, so the left and the right side
26:25 look very different.
27:01 Q. Do you have any opinion about the permanency of that
27:02 scarring and disfigurement on his penis and glands?
27:03 A. Yes, I do. It's permanent.
27:04 Q. Do you have any opinion about whether Officer
27:05 Desrosiers will ever return to a normal healthy sexual life?
27:06 A. From a urologic perspective, uh, he has met all the
27:07 recovery at this point that he can get.
27:08 Um, I think that dealing with the chronic pain
27:09 cycle will be challenging, and that will severely impact the
27:10 ability to go through second and third line treatments for
27:11 the erections. Um, they are certainly limited with what he
27:12 has been through.
27:13 Q. Just as a matter of some housekeeping, um, prior to
27:14 today you prepared a report; correct?
27:15 A. Yes.
27:16 MR. HURD: Let me show you what has been
27:17 premarked as Exhibit, Plaintiffs' Exhibit 250, just for your
27:18 screen.

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	27:19 * * * (Plaintiffs' Exhibit 250 was received into 27:20 evidence.) 27:21 BY MR. HURD: 27:22 Q. Is this a copy of that report? 27:23 A. Yes, it is. 27:24 MR. HURD: I've marked this for identification 27:25 purposes only. 28:01 With that, Doctor, I have no further questions 28:02 for you right now, but Ms. Devine may. 28:03 MS. DEVINE: Thank you very much.		
28:11 - 33:17	**Cahn, David 2025-06-25** 28:11 Q. Good afternoon, Dr. Cahn. 28:12 A. Good afternoon. 28:13 Q. My name is Alaina Devine. I'm one of the lawyers for 28:14 Sig Sauer in this case and I just have a few questions for 28:15 you. 28:16 You, Dr. Cahn, are an expert consultant hired by 28:17 the plaintiffs in this case; correct? 28:18 A. Yes. 28:19 Q. And you have not provided any medical treatment to 28:20 Mr. Desrosiers; correct? 28:21 A. Correct. 28:22 Q. And I think you went through this already on direct 28:23 examination, but you've never actually physically met in 28:24 person with Mr. Desrosiers; correct? 28:25 A. Correct. 29:01 Q. So in connection with your work in this case, you 29:02 didn't conduct any physical evaluation of Mr. Desrosiers; 29:03 correct? 29:04 A. We did via telehealth. 29:05 Q. An in-person hands-on physical evaluation of him; 29:06 correct? 29:07 A. Yes. 29:08 Q. Okay. And up until -- today is June 25th, 2025. Up 29:09 until about a week ago, you had never reviewed any prior 29:10 medical records for Mr. Desrosiers, including his prior 29:11 medical records related to his erectile dysfunction; 29:12 correct? 29:13 A. Um, the additional records that I was given, uh, were 29:14 mainly endocrinology records regarding the hypogonadism.	00:06:39	**DavidCahn-editedfortrial.5**

DESIGNATION	SOURCE		DURATION	ID
	29:15	Q.	Okay. Were you ever provided with his records for	
	29:16		his prior erectile dysfunction?	
	29:17	A.	Um, subsequent to, uh, writing this report.	
	29:18	Q.	You discussed briefly on direct exam Mr. Desrosiers's	
	29:19		acute, um, injuries as a result of the discharge. You would	
	29:20		agree with me that he healed from those injuries without	
	29:21		complications; correct?	
	29:22	A.	Yes.	
	29:23	Q.	You would agree with me that he was medically cleared	
	29:24		from Urology at Mass General Hospital in June of 2020;	
	29:25		correct?	
	30:01	A.	Yes.	
	30:02	Q.	And you would agree with me, Dr. Cahn, that since	
	30:03		June of 2020, Mr. Desrosiers has not sought any further	
	30:04		urological treatment or care; correct?	
	30:05	A.	Yes; and I think that the reason that men in general	
	30:06		don't seek additional care is because erectile dysfunction	
	30:07		is a very complex thing that is often underreported and	
	30:08		underappreciated in the male population. There are studies	
	30:09		that show that, you know, 40 to 50 percent of men suffer	
	30:10		with erectile dysfunction but likely it's way more.	
	30:11	Q.	Despite that, you see patients in your practice on a	
	30:12		daily basis for erectile dysfunction; correct?	
	30:13	A.	Yes.	
	30:14	Q.	Okay. And the prognosis of men especially of Mr.	
	30:15		Desrosiers's age with erectile dysfunction is generally	
	30:16		pretty good; correct?	
	30:17	A.	Uh, without genital trauma, yes, very good.	
	30:18	Q.	And you have certainly treated patients that have	
	30:19		genital trauma for erectile dysfunction and had positive	
	30:20		outcomes; correct?	
	30:21	A.	Yes.	
	30:22	Q.	You did go through this a bit on direct, but you	
	30:23		would agree with me, Dr. Cahn, that erectile dysfunction	
	30:24		increases with age; correct?	
	30:25	A.	Yes.	
	31:01	Q.	And the same thing with hypogonadism; correct?	
	31:02	A.	Yes.	
	31:03	Q.	And can you describe for the jury what hypogonadism	
	31:04		is, please?	
	31:05	A.	Hypogonadism is low testosterone and its symptoms	

DESIGNATION	SOURCE		DURATION	ID
	31:06		associated with that.	
	31:07	Q.	You treat patients regularly, um, for hypogonadism	
	31:08		and the prognosis is good; correct?	
	31:09	A.	Yes.	
	31:10	Q.	You also discussed, um, neuropathy. Do you recall	
	31:11		that testimony on direct exam?	
	31:12	A.	Yes.	
	31:13	Q.	And neuropathy is another condition that you've seen	
	31:14		or you regularly see in your current clinical practice;	
	31:15		correct?	
	31:16	A.	All the time, yes.	
	31:17	Q.	Okay. And neuropathy is something that can be	
	31:18		treated; correct?	
	31:19	A.	Yes.	
	31:20	Q.	You've testified that you met with Mr. Desrosiers	
	31:21		twice, once in January of 2024 and then once in December of	
	31:22		2024; correct?	
	31:23	A.	Yes.	
	31:24	Q.	Both of those were by telehealth; correct?	
	31:25	A.	Yes.	
	32:01	Q.	And when you met with Mr. Desrosiers for the first	
	32:02		time in January 2024, he actually told you he had no history	
	32:03		of erectile dysfunction; correct?	
	32:04	A.	Yes.	
	32:05	Q.	And, in fact, you wrote in your report that prior to	
	32:06		his injury, he had no significant erectile dysfunction and	
	32:07		would have sexual activity approximately twice per week with	
	32:08		his spouse; correct?	
	32:09	A.	Yes.	
	32:10	Q.	And you later found out that that was not actually	
	32:11		true; correct?	
	32:12	A.	I believe that even mild erectile dysfunction -- mild	
	32:13		treated erectile dysfunction is certainly, you know, not	
	32:14		inhibiting sexual activity, um, you know, if they're able to	
	32:15		obtain and maintain an erection.	
	32:16	Q.	Well, have you seen the records of Mr. Desrosiers's	
	32:17		prior erectile dysfunction where he reports that since	
	32:18		January of 2018 for the rear -- year prior, his erectile	
	32:19		dysfunction had been causing strain on his marriage,	
	32:20		difficulty to obtain erection with no sex drive? Have you	
	32:21		seen that record?	

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	32:22 A. I did, yes. 32:23 Q. That was not something Mr. Desrosiers disclosed to 32:24 you during your first meeting with him; correct? 32:25 A. Correct. 33:01 Q. Okay. And between January of 2024 and December of 33:02 2024, did Mr. Desrosiers ever contact you to fix that 33:03 misstatement? 33:04 A. He did not. 33:05 Q. Okay. And it was only after you, um, read the 33:06 report from Dr. Mourtzinos that you then had the 33:07 conversation with Mr. Desrosiers about his prior erectile 33:08 dysfunction; correct? 33:09 A. Yes. 33:10 Q. Okay. And that's because Mr. Desrosiers disclosed 33:11 to Dr. Mourtzinos during his physical evaluation of him his 33:12 prior erectile dysfunction; correct? 33:13 A. Yes. 33:14 Q. Dr. Cahn, you have testified about some trauma to the 33:15 penile shaft, um, and some of the tissues there. You are 33:16 aware that in the MGH operative report, they found there was 33:17 no deep tissue injury; correct?		
36:10 - 41:21	**Cahn, David 2025-06-25**	00:07:35	**DavidCahn-editedfortrial.6**
	36:10 Q. Dr. Cahn, I'm showing you on the screen here, um, 36:11 Exhibit 182 which is the Mass General, um, Hospital records. 36:12 A. Yes, I see that. 36:13 Q. Okay. And I'm going to draw your attention to the 36:14 last, um, page where there is discussion of, um, local 36:15 exploration of the penis. 36:16 Do you see this here at the bottom of the page? 36:17 A. I do. 36:18 Q. And it indicates there is no evidence of injury to 36:19 the deep tissue of the penis. Is that what that says? 36:20 A. So what you are looking at -- 36:21 Q. I'm just asking you if that's what that says. 36:22 A. So the wording is. 36:23 You're reading a trauma evaluation. This is 36:24 the secondary survey, and the operative report is much more 36:25 detailed about the depth of invasion because when you're 37:01 evaluating somebody in the trauma bay -- again, we talked 37:02 about the primary and secondary survey, ABCs in keeping		

DESIGNATION	SOURCE		DURATION	ID
	37:03		somebody alive.	
	37:04		This evaluation is not done by an urologist.	
	37:05		This evaluation is done by the trauma team, not in the	
	37:06		operating room, so the patient is awake, so you can't probe	
	37:07		the penis to the same extent and can't evaluate the depth	
	37:08		of injury like when somebody is under general anesthesia.	
	37:09	Q.	Sure. You'd agree with me that the initial	
	37:10		evaluation is that there was no evidence of injury to deep	
	37:11		tissue of the penis; is that correct?	
	37:12	A.	That's correct. That's what it says.	
	37:13	Q.	And certainly, um, Dr. Cahn, after the acute injury,	
	37:14		Mr. Desrosiers was able to obtain an erection; correct?	
	37:15	A.	After the acute injury?	
	37:16	Q.	Yes.	
	37:17	A.	Uh, what he had said to me was that he had had so	
	37:18		much pain that he has not been able to have an erection.	
	37:19	Q.	Would you disagree if there's indication in the	
	37:20		records that he had pain with erection?	
	37:21	A.	So I think erectile dysfunction is both the ability	
	37:22		to obtain and maintain an erection. And if you have pain	
	37:23		with attempting to get an erection and therefore unable to	
	37:24		maintain an erection, that would also classify as erectile	
	37:25		dysfunction.	
	38:01	Q.	Dr. Cahn, you indicated in your report and in your	
	38:02		deposition that the penile pain that Mr. Desrosiers	
	38:03		experiences is one of the primary inhibitors of his sexual	
	38:04		functioning; correct?	
	38:05	A.	As I said before, there are multiple reasons that	
	38:06		Office Desrosiers has erectile dysfunction since his trauma.	
	38:07	Q.	Right.	
	38:08	A.	Pain is one of those.	
	38:09	Q.	Well, you testified at your deposition that his	
	38:10		limitation on sexual activity stems largely from his chronic	
	38:11		pain; correct?	
	38:12	A.	Yes, I did.	
	38:13	Q.	Okay. And you indicate pain is one of the primary	
	38:14		reasons why you believe his erectile dysfunction cannot be	
	38:15		adequately treated; correct?	
	38:16	A.	One of the reasons, yes.	
	38:17	Q.	And you indicate that his -- he indicated to you that	
	38:18		he can't even be touched in those regions, his penis or his	

DESIGNATION	SOURCE		DURATION	ID
	38:19	scrotum, without pain; correct?		
	38:20	A. Correct.		
	38:21	Q. And that's not something you were able to confirm		
	38:22	through palpating in a physical examination; correct?		
	38:23	A. Yes.		
	38:24	Q. You also indicate that, um, pain impacted his		
	38:25	activities of daily living, including walking; correct?		
	39:01	A. That's what's he said, yes.		
	39:02	Q. But you didn't observe Mr. Desrosiers walking;		
	39:03	correct?		
	39:04	A. I did not observe him walking.		
	39:05	Q. Okay. And did you review any of his physical therapy		
	39:06	records indicating his current level of functioning?		
	39:07	A. Um, I previously did review his, his physical therapy		
	39:08	records, yes.		
	39:09	Q. With respect to, um, any future treatment for, um,		
	39:10	Mr. Desrosiers, you have the opinion, excuse me, that Mr.		
	39:11	Desrosiers would have benefitted from continuing to receive		
	39:12	treatment from urologic -- for his urological injuries;		
	39:13	correct?		
	39:14	A. I think that that includes penile and scrotal pain		
	39:15	control. Urologists deal with that all the time as well. I		
	39:16	think that's an option.		
	39:17	But I think, again, urologic health and		
	39:18	long-term meeting with urologists, uh, to help both from a		
	39:19	urinary and sexual perspective helps every patient.		
	39:20	Q. Right. In fact, you recommend that Mr. Desrosiers		
	39:21	see a urologist every 6 to 12 months; correct?		
	39:22	A. So that was based upon -- the every six months --		
	39:23	every 12 months I think is appropriate at this point for Mr.		
	39:24	Desrosiers.		
	39:25	Q. Mr. Desrosiers, as we sit here in 2025, has not		
	40:01	sought any urological treatment since 2020; correct? For		
	40:02	five years?		
	40:03	A. Correct.		
	40:04	Q. There is multiple treatment options that you've		
	40:05	discussed in your report and your deposition previously that		
	40:06	Mr. Desrosiers could seek out for his erectile dysfunction;		
	40:07	correct?		
	40:08	A. He could.		
	40:09	Q. And he has not attempted any of those; correct?		

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	40:10 A. Correct. 40:11 Q. And what are some of those treatment options? 40:12 A. So treatment options, second line therapy after 40:13 medication include injectable intra-cavernosal injections, 40:14 so that's where patient's put a needle directly into the 40:15 corpora cavernosum which Officer Desrosiers had injured to 40:16 inject a combination of medications that can give a patient 40:17 an erection. 40:18 There is a additional, uh, suppository that can 40:19 be given through the urethra that can get absorbed that can 40:20 help with an erection. 40:21 And then lastly, there is an implant, both 40:22 inflatable and malleable, that is a surgical implant that 40:23 is, again, placed directly into the corpora bodies. 40:24 Q. And Mr. Desrosiers could also seek treatment for his 40:25 hypogonadism; correct? 41:01 A. He could. He could. 41:02 Q. And that, that could have a secondary effect of 41:03 improving stress and anxiety; correct? 41:04 A. Yes. 41:05 Q. And it could improve sleeping, um, sexual desire, 41:06 libido; correct? 41:07 A. Yes. 41:08 Q. And it's true that Mr. Desrosiers has not -- had not 41:09 sought any treatment for his hypogonadism; correct? 41:10 A. Correct. 41:11 Q. And those are treatment options that are available to 41:12 him? 41:13 A. Yes. 41:14 Q. Dr. Cahn, um, Attorney Hurd went through some of 41:15 your, um, fees in this case. Is it true that you've been 41:16 compensated approximately $16,000 for your work in this 41:17 case before your testimony today? 41:18 A. That's correct. 41:19 MS. DEVINE: I have nothing further. 41:20 MR. HURD: Very brief redirect. 41:21 REDIRECT EXAMINATION		
42:08 - 43:14	**Cahn, David 2025-06-25** 42:08 Q. Dr. Cahn, you were shown Plaintiffs' -- an excerpt of 42:09 Plaintiffs' Exhibit 182.	00:01:39	**DavidCahn-editedfortrial.7**

DavidCahn-editedfortrial

DESIGNATION	SOURCE	DURATION	ID
	42:10 MR. HURD: And let me pop that on the screen 42:11 briefly. 42:12 BY MR. HURD: 42:13 Q. Do you recall seeing this a moment ago when 42:14 Ms. Devine was questioning you? 42:15 A. Yes. 42:16 Q. Okay. And what was it that was asked about, this 42:17 record? 42:18 A. I was asked regarding the depth of invasion, uh, that 42:19 was assessed on the secondary survey as compared to the 42:20 depth of invasion in the operative report. 42:21 Q. Okay. So in the -- what was the depth of invasion 42:22 initially reported in what I'm showing you right now? 42:23 A. Uh, if you scroll down a little bit further towards 42:24 the secondary survey. So the primary survey is what we 42:25 talked about, the ABCs, that's how you keep patients alive. 43:01 The secondary is to try to identify any other injuries that 43:02 potentially need treatments. 43:03 So if you scroll down a little bit more to the 43:04 genitalia. On the initial trauma evaluation, they noticed a 43:05 degloving injury, which we talked about before, but that is 43:06 a traumatic removal of the skin and soft tissue, um, of the 43:07 shaft of his penis. 43:08 They did not -- on the second line, they did not 43:09 think that there was injury to the deep tissue of the penis, 43:10 um, on their secondary survey, but that was, uh, incorrect 43:11 when they looked at the operative report. 43:12 Q. Okay. Let's take a look at that. Is that something 43:13 that you saw prior to issuing your opinions? 43:14 A. Yes.		
43:24 - 45:20	**Cahn, David 2025-06-25** 43:24 Q. Let me show you another excerpt of Plaintiffs' 43:25 Exhibit 182. 44:01 Have you seen this before? 44:02 A. Yes. 44:03 Q. What is this? 44:04 A. This is the Operative Report from October 10th. 44:05 Q. Okay. What did this reveal to you in comparison to 44:06 the report we looked at a moment ago? 44:07 A. So again, this operative report is much more	00:02:24	**DavidCahn-editedfortrial.8**

DavidCahn-editedfortrial

DESIGNATION	SOURCE		DURATION	ID
	44:08		detailed, a significantly more detailed exam, um, better	
	44:09		understanding of the injury to Officer Desrosiers.	
	44:10	Q.	And what does it reveal about the depth of the	
	44:11		penetrating injury?	
	44:12	A.	So that this was an extremely deep injury. So if you	
	44:13		look down the top of where you're highlighting.	
	44:14		So the injury was deeper right into the corpora	
	44:15		cavernosum. That's -- where they say the "right corpus,"	
	44:16		that is the term urologists use for corpora cavernosum as	
	44:17		well as the injury to the glands.	
	44:18		The injury was so deep that they performed a	
	44:19		cystoscopy, which you can see a little bit lower down.	
	44:20		Cystoscopy is a flexible telescope inside the urethra. The	
	44:21		urethra is the tube that carries the urine from the bladder	
	44:22		out through the penis. And that is the center of the	
	44:23		doughnut hole, you can think of it.	
	44:24		And if the injury is so deep that they're	
	44:25		evaluating the urethra, of course this is a deep injury.	
	45:01		You can't just have a skin and soft tissue injury that is	
	45:02		not deep if you're not evaluating, you know, all of these	
	45:03		structures.	
	45:04		So, again, the corpora cavernosum was injured.	
	45:05		The surrounding tissue, the fibrous tissue on	
	45:06		top of that was injured.	
	45:07		And then to the testicle, the seminiferous	
	45:08		tubules, which are the -- the most inner structure of the	
	45:09		testicle was actually falling out, and it was dusty because	
	45:10		it has no blood supply which was injured by the bullet.	
	45:11		So, again, the testicle portion had to be --	
	45:12		portion of it had to be removed. The seminiferous tubules,	
	45:13		a portion of those were removed. Active bleeding had to be	
	45:14		controlled; and then a portion of the testicle was able to	
	45:15		be salvaged.	
	45:16	Q.	Again, doctor, have all your opinions been stated to	
	45:17		a reasonable degree of medical certainty?	
	45:18	A.	Yes.	
	45:19		MR. HURD: I have no further questions.	
	45:20		MS. DEVINE: Nothing further.	

Our Designations 00:43:49

TOTAL RUN TIME	**00:43:49**